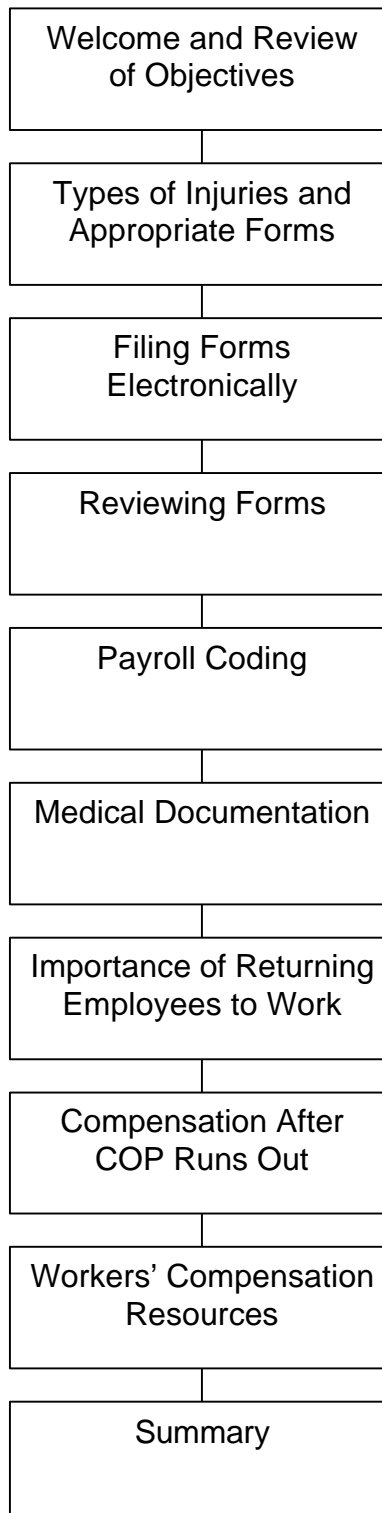

Managing Workers' Compensation Cases: Finding Your Way Through the Maze – Part 1 Course Map



How to Interact with the Instructor

We encourage you to ask questions and share your comments with the instructors throughout this TELNPS course.

If you were physically in the classroom with the instructor, you would raise your hand to let him know you had a question or comment. Then you would wait for the instructor to recognize you and ask for your question. We are all familiar with that “protocol” for asking questions or making comments.

With TELNPS courses there is also a “protocol” to follow to ensure you can easily ask questions and others can participate as well. It may seem a little strange at first asking a question of a TV monitor. Remember, it is the instructor you are interacting with and not the monitor. As you ask more questions and participate in more TELNPS courses, you will soon be focusing only on the content of your question and not the equipment you are using to ask it.

As part of the TEL station equipment at your location, there are several push to talk microphones. Depending on the number of students at your location, you may have one directly in front of you or you may be sharing one with other students at your table.

When you have a question, press the push to talk button and say,

“Excuse me [instructor’s first name], this is [your first name] at [your location]. I have a question (or I have a comment).”

Then release the push to talk button. This is important. Until you release the button, you will not be able to hear the instructor. The best distance from the microphone is 10-12 inches. If you get closer than this, the instructor will have difficulty in hearing you clearly.

The instructor will acknowledge you and then ask for your question or comment.

Stating your name and location not only helps the instructor, but also helps other students who are participating at different locations to get to know their classmates.

Course Objectives

At the conclusion of this course, you should be able to—

1. List the five basic requirements for entitlement to WC benefits.
2. Identify the forms required for claims and the appropriate use for each form.
3. Explain the responsibilities of the employee, supervisor, and WCC when electronically filing CA-1 and CA-2.
4. Demonstrate how to correctly file a CA-1 and CA-2 electronically using the SMIS.
5. Demonstrate how to properly review claims forms for accuracy and completeness.
6. Identify payroll coding associated with claims.
7. State medical documentation needed for a claim.
8. Explain how to appropriately obtain medical documentation for a claim.
9. Explain the importance of returning an employee to work as soon as possible.
10. List the resources available to assist the WCC and human resource specialists when managing workers' compensation cases.



The TELNPS Top 10 List

What are the top 10 questions that NPS employees ask the Workers' Compensation Coordinators at their park?

Case Study – Larry, A Ladder and A Distracting Supervisor

Larry is a maintenance worker who has been with the NPS for 12 years. His regular tour of duty is Monday-Friday from 7AM-3:30PM. He is married and has two young children.

Ron is Larry's supervisor. He has been with the NPS for 19 years. He loves to visit his employees on the work site and talk with them about what they are doing.

You are the WCC for your park.

The **ladder** is a Craftsman, 12' ladder.

Case Study – July 1st 11:00 AM

It's 11AM on July 1. You are working at your desk when your phone rings. It's Ron, one of the maintenance supervisors, calling you on his cell phone.

He tells you that he went to visit Larry, one of his maintenance workers, on the job site. Larry was on a ladder painting trim. Ron says that he started talking to Larry and asking him a few questions about how fast the paint was drying. When Larry turned to answer Ron, he lost his balance and fell from the ladder.

Larry wrenched his knee pretty bad. The knee is swelling, and Ron says Larry is in pain. He has Larry in the truck and is going to drive him into town to the medical center. He would like to stop by your office and pick up, in his words, "whatever those forms are you said we should fill out when there is an accident." Ron says that he should be there in about 5 minutes.

Basic Requirements for Entitlement to WC

Time Limits: Traumatic Injury – 3 years to file, 30 days to receive COP
Occupational Disease – 3 years to file

Covered Personnel: Federal civil employees (permanent/terms/temporary); Volunteers; Student Conservation Assoc.; Youth Conservation Corps; AD hires (See CA-810 for others).

Fact of injury: Occurred at the time and place and in the manner claimed.

Performance of Duty: On employer's premise; during work hours; performing assigned duties

Causal Relationship: Medical connection between the injury and the condition

Types of Injuries and Appropriate Forms

	TRAUMATIC	OCCUPATIONAL	RECURRENCE
DEFINITION	Must be identifiable as to <i>time and place</i> of occurrence and member or function of the body affected, and must be caused by a <i>specific event or incident</i> or series of events or incidents <i>within a single day or work shift</i>	Produced in the work environment by such factors as <i>infections, continued or repeated stress or strain, or exposure to hazardous elements</i> . Their period of development must be <i>longer than a single workday or shift</i>	<i>A spontaneous return or increase of disability</i> due to a previous injury or occupational injury/disease <i>without intervening cause</i> ; OR an increase of disability due to a <i>consequential injury</i> . (No event other than the previous injury accounts for the disability)
FORM	CA-1, Notice of Traumatic Injury	CA-2, Notice of Occupational Disease Checklists CA-35A-H (as appropriate)	CA-2a, Notice of Recurrence
MEDICAL COSTS	<ul style="list-style-type: none"> Medical costs can be authorized by Workers' Comp Coordinator if CA-1 was filed within 7 days of date of injury 	<ul style="list-style-type: none"> Medical costs are the responsibility of employee until case is accepted by DOL 	<ul style="list-style-type: none"> Costs may be the responsibility of the employee until case is adjudicated by DOL. OWCP may permit the employing agency to issue Form CA-16. (Contact the examiner).
WAGE LOSS	<ul style="list-style-type: none"> Eligible for COP <u>if</u> CA-1 filed within 30 days from date of injury (<i>expires 45 days after date of injury</i>). May use sick/annual leave and apply for Leave buy back later May use LWOP (code 162) and apply for Compensation payments from DOL (If Dependents receive 75%; if no dependents receive 66 2/3%) 	<ul style="list-style-type: none"> May use sick/annual leave and apply for Leave Buy Back later May use LWOP (code 162) and apply for Compensation Payments from DOL 	<ul style="list-style-type: none"> May use any COP balances May use sick/annual leave and apply for Leave-buy-back May use LWOP (Code 162) and apply for compensation payments directly from DOL

Types of Injuries and Appropriate Forms (cont.)**Notes****CA-1 Notice of Traumatic Injury**

- Employee initiates claim through SMIS
- Supervisor retrieves claim from SMIS and completes the supervisor section
- Witness statements are completed as applicable
- WCC reviews
- If medical treatment is needed, WCC provides CA-16

CA-16 Authorization for Medical Treatment

- Obligates government to payment, like issuing a blank check
- Usually issued the day of or within 1-2 days of the injury
- May be faxed if emergency prevents issuing to employee ahead of time
- Generally provides medical care for up to 60 days after injury unless revoked
- NOT to be issued more than 7 days after injury
- NOT to be issued if employee has already sought medical treatment
- NOT issued for an occupational disease
- Employee has choice of provider within commuting area (usually within 25 miles, may be more in rural areas)
- If issued for emergency care, employee may choose other provider for follow-up care
- May change IF OWCP approves

CA-2 Notice of Occupational Disease

- Employee notifies supervisor
- Supervisor refers to WCC
- Employee completes CA-2 in SMIS with assistance of WCC
- Accompanied by CA-35a-h (appropriate for the specific condition)
- Employee provides medical documentation
- No CA-16 issued, employee must pay medical expenses until adjudicated and accepted

Types of Injuries and Appropriate Forms (cont.)**Notes****CA-2a Notice of Recurrence**

- Employee completes employee section
- Supervisor completes Part A
- Supervisor gives to WCC
- WCC or HR specialist completes information on pay rate
- WCC forwards to OWCP

Additional Forms

- CA-17 Duty Status Report
- CA-20 Attending Physician's Report
- CA-915 Medical Reimbursement
- OF-71 Leave slip
- OWCP-957 Medical and Travel Refund
- SMIS Quick Reference Guides
- Employee Checklist (Appendix)
- Supervisor Checklist (Appendix)

**Case Study – July 1st 11:00 AM**

What forms would you give Larry and Ron?

Electronic Filing Responsibilities

Employee

- Initiates the claim using SMIS
- Completes the CA-1 or CA-2
- Notify supervisor (email or printed)
- Have witnesses complete statements
- MUST confirm that electrons went through (email back, view status, etc.)

Supervisor

- Review the employee's claim
- Completes supervisor portion of claim using SMIS
- Notify WCC of any discrepancies
- Enter any supplemental information required by SMIS

WCC

- Grant proxy access if necessary – this simply means “...on their behalf...”
- Generate claim ID if necessary
- Review employee's claim
- Update claim as necessary
- Complete WCC portion
- Transmit, print, get signatures
- Review pending claims – look for red flags!

Reviewing Forms for Accuracy and Completeness**Notes****CA-1 Employee's Notice of Traumatic Injury and Claim**

- Block # 1 Employee's name must be exactly as it is in the FPPS. Cross check with the park Alpha roster. (Applies to paper CA-1 only)
- Block # 8 Even if the employee's spouse has a full-time job, they are considered a dependent.
- Block # 9 Be very specific, remember it may help to identify risk areas and prevent future injuries. This may also have third party liability implications.
- Block # 10 Date of injury, not necessarily when it was reported.
- Block # 11 Date the employee completing this form (eligible for COP or not, controversion)
- Block # 13 Cause of injury
- Block # 14 BE VERY SPECIFIC. What body parts were involved? What happened?
- Block # 15 Either 15a or 15b should be selected.
- Block # 16 What did the witness see?

**Case Study – July 2nd 10:00 AM**

Ron tells you that Larry has electronically filed his CA-1. Ron says that he used SMIS and filled out the supervisor's part. He wants to know if the CA-1 is filled out correctly. Look over the printout of Larry's online form in the back of your participant guide. What questions do you have or need for further information?

Reviewing Forms for Accuracy and Completeness

Controversion

- Procedure for contesting questionable claims
- Actions are taken to dispute or oppose an employee's claim
- Guards compensation system from easy abuse
- Does not delay or deny benefits, OWCP makes that decision
- Agency may controvert part of a claim or the entire claim
- If OWCP agrees with agency COP is converted to Sick Leave, Annual Leave or Leave Without Pay

Agency may refuse to pay COP for one of the following reasons (see 20 CFR Subpart C 10.200 – 10.224):

1. The disability was not caused by a traumatic injury
2. The employee is not a citizen of the U.S. or Canada.
3. No written claim was filed within 30 days from the from the date of injury
4. The injury was not reported until after employment has been terminated
5. The injury occurred off the employing agency's premises and was otherwise not within the performance of official duties
6. The injury was caused by the employee's willful misconduct, intent to injure or kill himself or herself or another person, or was proximately caused by intoxication by alcohol or illegal drugs; or
7. Work did not stop until more than 45 days following the injury.
8. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work-study program, or other group covered by special legislation.

Initial Payroll Coding Issues

Notes

See Appendix B for payroll codes associated with compensation claims.

All time away from the job due to the injury must be properly documented and reported for _____ and _____ purposes. This includes ALL doctors' appointments, physical therapy and disability due to the injury.

- Payroll coding is critical to proper case management
- Payroll coding is used to generate SMIS reports.
- Proper coding of COP, SL, AL and LWOP is critical to certifying documents.

Traumatic Injury

In the case of a traumatic injury, time loss on the day of the injury is charged to _____ (HC 060).

“COP is the most restrictive form of leave.”

Continuation of Pay - COP (HC 160 series)

- Applies to a traumatic injury
- May continue for up to _____ calendar days
- Applies to time loss caused by injury and/or medical treatment for injury
- Intended to avoid interruption of the employee's income while case is adjudicated
- Is NOT considered compensation
- IS subject to usual deductions of pay

Coding COP (HC 160 series)

- If Friday AND Monday are COP days, then the weekend days count as COP
- If Friday OR Monday is NOT a COP day, then weekend days do NOT count as COP
- Holidays – holidays are coded as COP days if incapacitated on that day
- 1st occurrence, 2nd occurrence, etc. (See Appendix B)

Initial Payroll Coding Issues (cont.)**Notes****Determining COP Eligibility (See COP Worksheet on Page 13)****Case Study – July 3rd 8:00 AM**

You get a call from the payroll clerk. She heard that Larry got injured on July 1st and is going to be out until July 8th. She asks for help in knowing how to code his time during this week. Complete the COP worksheet. Then use the July calendar in Appendix A and the Time and Attendance Codes in Appendix B, to determine what you should tell the clerk. If Larry is entitled to COP, when is the last day that he could use COP?

Occupational Disease

COP is NOT paid in the case of occupational disease

An employee may use Annual Leave (HC 024) or _____ Leave (HC 034) in lieu of FECA for time loss caused by an occupational disease and/or medical treatment for an occupational disease. An employee may apply for Leave-Buy-Back later.

An employee may apply directly to OWCP for compensation for an occupational disease by applying for FECA Workers Compensation (HC 162) on an OF-71 Application for Leave AND submitting a Form CA-7 Claim for Compensation Payments through the WCC.

Recurrence

Time loss due to recurrence may be charged to _____ if the original injury was a traumatic Injury and the employee has a balance of _____ days left.

An employee may use Annual Leave (HC 024) or _____ Leave (HC 034) in lieu of FECA for time loss caused by a recurrence and/or medical treatment for a recurrence. An employee may apply for Leave-Buy-Back later.

An employee may apply directly to OWCP for compensation for a recurrence by applying for FECA Workers Compensation (HC 162) on an OF-71 Application for Leave AND submitting a Form CA-7 Claim for Compensation Payments through the WCC.

Continuation of Pay (COP) Worksheet

Givens:

- 1) COP is payable only in traumatic injury claims
- 2) Notice (CA-1) of injury was filed within 30 days of injury.
- 3) Employees are only entitled to 45 **calendar days** of COP per traumatic injury.

Key Dates:

A = Date of Traumatic injury _____

B = 45 days from Date of Injury _____

C = 1st day of Time Loss after Date of Injury _____

D = 1st Return to Work after initial COP Period _____

E = 45 days from 1st report to Work _____

Questions to Ask	The answer is YES...	The answer is NO...
Is the employee entitled to use COP for time loss due to an injury?	...IF the first day of time loss is prior to Key Date B above.	...IF the first day of time loss is after Key Date B above.
Is the employee entitled to use COP for periodic time off related to the injury even after they have returned to work (i.e. doctor's visits, physical therapy, etc.)	...IF the date they want to use COP is between Key Dates D and E above.	...IF the date they want to use COP is after Key Date E above.
If the employee has a balance of COP days left, are there circumstances where they can use COP days beyond Key Date E above?	...IF the employee begins an uninterrupted period of time loss before Key Date E above.	...IF it is NOT during an uninterrupted period of time loss that began before Key Date E above.

Medical Documentation**Notes**

- Employee is responsible for providing medical documentation (CA-20, CA-17, Narrative physician report on letterhead, etc.)
- If medical documentation is not provided within 10 days, the agency may stop COP.
- Medical documentation should state the employee's work capacity and work restrictions.
- Medical documentation should state timeframe for return to work or follow-up.

**Case Study – July 3rd 2:00 PM**

Ron brings to you a prescription form from Larry's doctor that has written on it, "Larry has sprained his left knee. He should be off from work for 1-4 weeks." Is this acceptable medical documentation? If it is not, what would you require and how would you obtain it?

Returning the Employee To Work

Notes

Case Study – July 9th 8:00 AM

Ron calls you. Larry went to the doctor on July 8. The doctor put him on crutches and said that he could work for half days, but must not climb ladders and should do as little walking/hobbling as possible.

Ron says that he would like to have Larry back for half days, but isn't sure what he can do since he isn't 100% better. He also is concerned about aggravating the injury and delaying his overall recovery.

What would you say to Ron?

“Employees don’t get well to return to work, they return to work to get well.”

Alternate Work Assignments (AWA)

- Temporary job assignment
 - Accommodates employee's injury or medical limitations
 - Aids healing process of recuperating employee
 - Reduces amount of loss time
 - Requires good communication with medical provider (CA-17 cover letter)
 - Supervisor and WCC work together to submit AWA to
-

Identification of AWA facilitated by cover letter sent with CA-17. (See Appendix C for example.)

AWA Considerations

- Must be in writing
- _____ must approve (See Appendix D)
- Normally within employee's division
- May be in another division if no AWA in employee's division

Compensation After COP Runs Out**Notes****Case Study – July 16th 8:00 AM**

Ron calls you. Larry saw the doctor yesterday. The doctor was concerned because the knee was not progressing as he had hoped it would. The doctor has referred Larry to an orthopedic surgeon. He has also restricted Larry back to temporary total disability. The appointment with the orthopedic surgeon is July 29th.

Case Study – July 30th 8:00 AM

Larry is back at work for half days. However, the orthopedic surgeon suspects that Larry may have to have surgery. He has ordered an MRI for August 5th. The orthopedic surgeon has cleared Larry for half-days as long as wears the brace provided and limits his hobbling.

Larry is concerned about the financial impact this may have on his family. Ron wants to know when the COP will run out and what needs to be done to ensure that Larry gets the proper compensation due to him for this work related injury.

_____ days after the first use of COP, you are at a decision point. Ask the question:

Are they continuing to lose time as a result of the injury?

If the answer is yes, the employee should prepare to submit a CA-7.

Compensation After COP Runs Out (cont.)**Notes****OWCP Compensation After COP**

- Requires CA-7
- No dependents – _____ of regular pay
- Dependents – 75% of regular pay
- Considers night differential, Sunday, hazard pay, etc.
- Not taxable
- TSP contributions stop while receiving compensation
- If it will be long term, consider periodic payroll

Use of Sick Leave or Annual Leave

- Employee's choice
- Regular pay continues
- Regular deductions continue (taxes, contributions to TSP, etc.)
- May apply for Leave Buy-Back later

Leave Buy-Back

- Much simpler when done in same FY leave was used.
- Usually advantageous to the employee

Leave Buy-Back Process

1. Employee submits CA-7A requesting time analysis
2. WCC reviews CA-7A
3. WCC completes CA-7B
4. WCC forwards CA-7A and CA-7B to NBC
5. NBC checks forms and certifies amount
6. Forms returned to WCC
7. WCC counsels employee on costs
8. Employee submits CA-7 to WCC
9. WCC submits directly to OWCP
10. OWCP sends check to agency

**Case Study – July 30th 8:00AM**

Using the COP worksheet and the calendars in Appendix A determine when Larry will have a zero balance of COP days remaining.

Resources**Notes****Regional Workers' Compensation Manager (RWCM)**

Karlyn Payton
National Capital Region/Northeast Region
(202)619-7247 karlyn_payton@nps.gov

Mary Chandler
Intermountain Region/Midwest Region/Southeast Region
(402)221-3994 mary_chandler@nps.gov

Rocky Mountain and Colorado Plateau Clusters
Judy Schnitker
(303)969-2749 Fax (303)969-2952

Southwest Cluster
Martin Lavadie
(505)988-6080 Fax (505)988-6023

Midwest Region
Carol Solnosky
(402)221-3386 Fax (402)221-3430

Southeast Region
Tina Richardson
(404)562-3157 X516

Michael Arighi
Pacific West Region/Alaska Region
(510)817-1319 michael_arighi@nps.gov

NPS Workers' Compensation Program Manager

Steve Rosen
(303)987-6778 steve_rosen@nps.gov

Local SMIS Safety Coordinator

Name: _____ Phone: _____

OWCP Claims Examiners

Assigned by case. See online reference below to OWCP District Offices.

Resources**Notes****Online Resources**

NPS Risk Management <http://www.nps.gov/riskmgmt>
Director's Order 50A – "Workers' Compensation Case Management"

SMIS <http://www.smis.doi.gov> (Login Required)

DOL OWCP Web Site http://www.dol.gov/esa/owcp_org.htm
OWCP Handbook
Publication CA-810, "Injury Compensation for Federal Employees"
OWCP CA-550 Questions and Answers
OWCP Forms
OWCP District Offices – technical assistance

ACS <http://owcp.dol.acs-inc.com>
Medical Authorization Number 866-335-8319 FAX 800-215-4901

Agency Query System <https://www.dol-esa.gov/aqs> (Login Required)

NPS Workers' Compensation Fraud Hotline (877) 709-1338

Federal Workers' Compensation Update (Newsletter) www.fendonline.com

Appendix A – Case Study Calendars

July						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 Larry falls when Ron distracts him	2 Larry on TTD	3	4 Happy 4 th of July!	5
6	7	8 M.D. sees Larry again	9 Larry starts half days	10	11	12
13	14	15 M.D. refers Larry to Ortho M.D.	16 Larry back to TTD	17	18	19
20	21	22	23	24	25	26
27	28	29 Larry sees Ortho M.D.	30 Larry resumes half days	31		

August						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
31					1 Larry on half days	2
3	4	5 Larry gets MRI	6	7	8 Ortho M.D. reads MRI	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26 Larry gets knee surgery	27 Larry back to TTD	28	29	30

Appendix A – Case Study Calendars (cont.)

September						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 _____	2	3 Larry to PT	4	5 Larry to PT	6 →
7 _____	8 Larry to PT	9	10 Larry to PT	11	12 Larry to PT	13 →
14 _____	15 Larry to PT	16	17 Larry to PT	18	19 Larry to PT	20 →
21 _____	22	23	24 Larry to PT	25	26	27 →
28 _____	29	30 →				

October						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 Larry to PT _____	3	4 →
5 _____	6 Ortho M.D. clears Larry 100% →	7 Larry back to work 100%	8 Mary falls when Ron distracts her	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Appendix B – Time and Attendance Codes

(See FPPS T&A Payroll Manual, Chapter 9 for complete listing.)

FPPS CODE	DESCRIPTION	REMARKS
024	Annual leave in lieu of FECA	
034	Sick Leave in lieu of FECA	
060	Admin Leave	Day of injury ONLY – Traumatic
16A	FECA/COP – Light Duty -- Paid – 1 st Occurrence	Use only if assigned by personnel action into a "light Duty" position Verify with Compensation Specialist before using these codes
16B	FECA/COP – Light Duty -- Paid – 2 nd Occurrence	
16C	FECA/COP – Light Duty -- Paid – 3 rd Occurrence	
16D	FECA/COP – Light Duty -- Paid – 4 th Occurrence	
16E	FECA/COP – Light Duty -- Paid – 5 th Occurrence	
16F	FECA/COP – Light Duty -- Paid – 6 th Occurrence	
16G	FECA/COP – Light Duty -- Paid – 7 th Occurrence	
16H	FECA/COP – Light Duty -- Paid – 8 th Occurrence	
16I	FECA/COP – Light Duty -- Paid – 9 th Occurrence	
16J	FECA/COP – Light Duty -- Paid – 10 th Occurrence	
160	FECA/COP – Paid – 1 st Occurrence	TRAUMATIC INJURY 45 days COP
161	FECA/COP – Unpaid – 1 st Occurrence	
164	FECA/COP – Paid – 2 nd Occurrence	
165	FECA/COP – Unpaid – 2 nd Occurrence	
166	FECA/COP – Paid – 3 rd Occurrence	
167	FECA/COP – Unpaid – 3 rd Occurrence	
168	FECA/COP – Paid – 4 th Occurrence	
169	FECA/COP – Unpaid – 4 th Occurrence	
16L	FECA/COP – Paid – 5 th Occurrence	
16M	FECA/COP – Unpaid – 5 th Occurrence	
16N	FECA/COP – Paid – 6 th Occurrence	
16P	FECA/COP – Unpaid – 6 th Occurrence	
16Q	FECA/COP – Paid – 7 th Occurrence	
16R	FECA/COP – Unpaid – 7 th Occurrence	
16S	FECA/COP – Paid – 8 th Occurrence	
16T	FECA/COP – Unpaid – 8 th Occurrence	
16U	FECA/COP – Paid – 9 th Occurrence	
16V	FECA/COP – Unpaid – 9 th Occurrence	
16W	FECA/COP – Paid – 10 th Occurrence	
16X	FECA/COP – Unpaid – 10 th Occurrence	
162	FECA – OWCP (1 st Occurrence)	Receiving Compensation payments from DOL
DL2	FECA – OWCP (2 nd Occurrence)	
DL3	FECA – OWCP (3 rd Occurrence)	
DL4	FECA – OWCP (4 th Occurrence)	
DL5	FECA – OWCP (5 th Occurrence)	
DL6	FECA – OWCP (6 th Occurrence)	
DL7	FECA – OWCP (7 th Occurrence)	
DL8	FECA – OWCP (8 th Occurrence)	
DL9	FECA – OWCP (9 th Occurrence)	
DLA	FECA – OWCP (10 th Occurrence)	

Appendix C – Sample Letter to Accompany CA-17

P3415 (HR-YOSE)

July 2, 2004

Dr. Steve Tocord
26 Medical Way
Merced, CA 98117

Ref: Larry DARDEL

Dear Dr. Tocord:

We received the attached note dated July 1, 2004 from you indicating that your patient Larry Dardel is to remain off work until July 8, 2004.

The National Park Service has established a program that is designed to provide employees who have suffered on-the-job injuries/illness with an opportunity to return to work with an alternative work assignment during their recovery process.

The attached CA-17, Duty Status Report will enable us to look for an alternative work assignment that would be appropriate for Mr. Dardel's injury. Once we have identified an alternative work assignment, the description will be forwarded to your office for approval.

If you have any questions, please feel free to call me at (209) 379-1878. Please fax the completed CA-17 to (209) 379-1934.

Sincerely,

Cindy Whitten
Compensation Specialist

Cc: Larry Dardel
U.S. Department of Labor

Appendix D – Sample Letter Request for Approval of AWA

P3415 (HR-YOSE)

November 26, 2004

Dr. Steve Tocord
26 Medical Way
Merced, CA 98117

Reference: Larry – Return to Work

Dear Dr. Tocord:

In order to provide employees who have suffered on-the-job injuries/illnesses with an opportunity to return to work the National Park Service has developed a Short Term Case Management Program. This program allows for the development of alternative work assignments during the injured workers' recovery process.

Larry's position of record is a Maintenance Worker. In an effort to accommodate Mr. Larry's work restrictions, he has been performing primarily administrative type work since his surgery on August 26, 2004. Since it has been 3 months since his surgery, we would like to start accommodating him more within the duties of his normal occupation as a Maintenance Worker. Therefore, with consideration of the restrictions outlined in his work release dated October 6, 2004 his supervisor has developed the attached Alternative Work Assignment (AWA).

Please note on the AWA sheet any restrictions or other information, which you deem necessary for the employee to follow during the recovery process. As part of this program, both the employee and the supervisor are obligated to follow your directions and adhere to medical restrictions during this temporary work. We will also need to know when the period of modified work restrictions is expected to end.

If you have any questions, please feel free to call me at (209) 379-1878. Please fax your response to (209) 379-1934.

Sincerely,

Cindy Whitten
Compensation Specialist

Cc: Larry Dardel
USDOL/OWCP

Appendix D (Page 2)

Yosemite National Park			
Alternative Work Assignment			
This is a description of a Alternative Work Assignment (AWA) available to our employee during their medical recovery process			
Employee Name:			
DOB:			
Job Title:	Maintenance Worker	Division:	Maintenance
Hours Available:	up to 9 hours per day	Supervisor:	Ron Bagatol (928)638-5678
Job Summary			
Cleaning and Sanitizing Restrooms	Litter Removal	Condition Assessment of Campgrounds	Office Custodial Duties
<ul style="list-style-type: none"> • <i>Cleaning fixtures</i> • <i>Wiping down walls and partitions</i> • <i>Emptying waste receptacles (less than 20 pounds)</i> • <i>Dusting</i> 	<ul style="list-style-type: none"> • <i>Picking up litter</i> • <i>Emptying litter bags (less than 10 pounds)</i> 	<ul style="list-style-type: none"> • <i>Visual inspection of site furnishings</i> • <i>Entering data on forms</i> 	<ul style="list-style-type: none"> • <i>Vacuuming Floors</i> • <i>Cleaning Windows</i> • <i>Emptying waste baskets</i> • <i>Dusting</i>
Physical Demands			
Standing: Sitting: Walking: Lift/Carry: Push/pull:		Bending: Twisting: Climbing: Arm/Hand:	
Physician Comments: I have reviewed the physical demands and release the worker to perform these temporary work assignments: Yes No Yes, with the following adjustments:			
Physician's Name			
Physician's Signature:			
Date Signed:			

Appendix E – Employee Checklist

- ❑ Report work-related injury or illness to your supervisor immediately.
- ❑ Pick up the “Quick Reference for SMIS Accident Reporting - DOI Employees Module.” Follow the instructions to go online and complete employee portion of appropriate forms CA-1 “Notice of Traumatic Injury” OR CA-2 “Notice of Occupational Disease” AND appropriate, “CA-35A-H”, “Occupational Disease Checklist”, or CA-2a “Notice of Recurrence.” [CA-1 must be filed within 30 days of injury to be eligible for COP.]
- ❑ In the case of a traumatic injury, if medical treatment is necessary, obtain CA-16 “Authorization for Medical Treatment” from Workers’ Compensation Coordinator prior to physician visit, unless Supervisor and/or Workers’ Compensation Coordinator have made other arrangements. [A CA-16 is usually issued only within 2 days from the date of injury. A CA-1 must be submitted within 7 days of injury for medical authorization to be given. Emergency medical care is the only exception to this procedure. Emergency care should be sought immediately and necessary paperwork will be completed later.]
- ❑ Seek medical treatment. [You have the initial choice of medical providers] (OWCP generally considers 25 miles from the agency or the employee’s home a reasonable distance to travel for medical). Should you need to change your treating physician, you must request it in writing to OWCP. Under FECA chiropractors may be reimbursed only for manipulation of the spine to correct a subluxation as demonstrated by an X-ray to exist.
- ❑ Return the medical evaluation to your workers’ compensation coordinator. [All claims for disability compensation or medical treatment due to work related injury or illness must be supported by medical evidence in writing from your doctor. If you fail to submit this required written medical evidence within 10 workdays, COP can be terminated.]
- ❑ If it appears that you will miss any regularly scheduled work due to the occupational injury or illness, (1) inform your supervisor immediately of any medical limitations or restrictions specified in writing by your doctor, and (2) discuss possible alternative work assignments (AWAs).
- ❑ If it appears that you will have any work restrictions because of your injury or illness, discuss with your doctor the fact that alternative work assignments are available at your park.
- ❑ If your doctor thinks you will be disabled longer than 45 calendar days, submit Form CA-7 during the last two weeks of the 45 day period, and notify your supervisor and compensation coordinator. [This will help to avoid an interruption in your pay]
- ❑ Complete appropriate leave requests for any period of time away from your job, this includes **all** medical appointments and any periods of disability [All periods disability must be supported by medical evidence from your physician]

Appendix E – Employee Checklist (cont.)

- ❑ Avoid activities while on injury compensation that might aggravate the injury or condition and extend time away from work.
- ❑ Accept suitable offers from your employer of temporary alternative work assignments that are not in conflict with medical limitations caused by the work-related injury or illness. [If you refuse suitable work, COP/compensation payments can be terminated.]
- ❑ Return to regular duty as soon as your physician clears you to do so.

Appendix F – Supervisor Checklist

- ❑ Seek emergency medical care for employee if necessary.
- ❑ If necessary, arrange for transportation to medical provider and provide for reasonable immediate needs of employee, i.e. family notification, etc.
- ❑ Immediately notify the Workers' Compensation Coordinator of new injury/illness.
- ❑ Report cases of injury or illness to park safety officer (for follow up investigation, OSHA reporting, etc.).
- ❑ Go online to SMIS and complete supervisor portion of CA-1 "Notice of Traumatic Injury" OR CA-2 "Notice of Occupational Disease" Complete CA-2a "Notice of Recurrence" and forward to Workers' Compensation Coordinator.
- ❑ Enter required information into the Safety Management Information System (SMIS) and complete any individual park accident reports and assist in the accident investigation.
- ❑ Follow-up with the Workers' Compensation Coordinator to determine future work needs.
- ❑ If it appears that employee will have work restrictions or lose work time, identify Alternative Work Assignments (AWA) and submit to Workers' Compensation Coordinator. Contact any other work group supervisor who will be affected by an AWA. [Base AWA assignments on any conditions or limitations placed on employee by medical provider and adhere to those limitations.]
- ❑ Have the employee review and sign the AWA, and provide a copy of the assignment to the employee. Provide necessary instructions regarding the assignment.
- ❑ Keep the Workers' Compensation Coordinator informed of the status and any problems or potential problems regarding the case.
- ❑ Coordinate with timekeeper to ensure that proper codes are entered on time sheets to correctly track any COP and/or leave hours.
- ❑ In the event the employee should apply for compensation payment from OWCP, ensure SF-52, Notice of Personnel Action is initiated for leave-without-pay. When employee returns to work, initiate return to duty SF-52.
- ❑ Maintain personal contact with *your* injured employee during time away from work
- ❑ Return the employee to work as soon as possible.

Appendix G – WCC Checklist

- ❑ Upon notification from supervisor or injured employee, initiate claim reporting procedures by providing appropriate information and forms to supervisor or employee.
- ❑ Review and process required OWCP forms (electronic or paper) within time guidelines established.
- ❑ Establish OWCP case file and maintain tracking and record system.
- ❑ Advise and counsel employee and supervisor on rights, benefits, and responsibilities under FECA.
- ❑ Assist employee in applying for compensation benefits from OWCP
- ❑ Coordinate with supervisor the selection of Alternative Work Assignments (AWA's), and submit assignments to employee's physician for approval.
- ❑ Contact supervisor weekly for status check of AWA's or absence from work.
- ❑ Contact medical providers for current documentation to justify injured worker's time off work and work status.
- ❑ Contact OWCP Claims Examiner on a regular basis for open claims.
- ❑ Work with the supervisor and injured employee to facilitate a return work as soon as possible.
- ❑ Bring closure to the case.

Appendix H – Employee CA-1 SMIS Screen

SMIS Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) (Unsecure Test Data)

Print CA-1 Form Exit Employee Section

Employee Data

1. Name of employee (Last, First, Middle) DARDEL, LARRY K		2. Social Security Number 464128765	
3. Date of Birth 08/26/68	4. Sex MALE	5. Home telephone 928-638-7982	6. Grade as of date of last exposure/injury Level Step
7. Employee's home mailing address (include city, state, and ZIP code) Address: 3523 APPLE BLOSSOM WAY City: MERCED State: CA ZIP: 95340		8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input checked="" type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	

Type of Report (select one, below)

<input checked="" type="radio"/> (CA-1) Injury/Traumatic Injury An injury/traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event or incident or series of events or incidents within a single day or work shift.	<input type="radio"/> (CA-2) Occupational Disease/Illness An occupational disease/illness is defined as a condition produced in the work environment over a period longer than one workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxins, poisons, fumes or other continuing conditions of the work environment.
--	--

Description of Injury

9. Place Where Injury Occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine) RESIDENTIAL QUARTERS 7, YOSE		Zip 95389
10. Date Injury Occurred: 07/01/2004	Time: 10 : 50 : AM	11. Date of this Notice: 07/01/2004
12. Employee's Occupation: MAINTENANCE WORKER		

13. Cause of Injury (Describe what happened and why) (Limit 264 Characters)
LOST BALANCE AND FELL OFF LADDER.

14. Nature of Injury (Identify both the injury and the part of body, e.g. fracture of left leg) Be Specific (Limit 264 Characters)
FELL AND TWISTED KNEE.

Employee Certification

15. I certify, under penalty of law, that the injury previously described was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following as checked below, while disabled for work:

☐ Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

☐ Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Appendix H – Supervisor CA-1 SMIS Screen

SMIS Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) (Unsecure Test Data)

[Print CA-1 Form](#) [Exit Supervisor Section](#)

Supervisor's Report

18. Employee's duty station (Street address and zip code)
 Addr:
 City: State: Zip:

19. Employee's retirement coverage: ☐ CSRS ☒ FERS ☐ Other, Identify

20. Regular Work Hours
 From: To:

21. Regular Work Schedule
☐ Sun. ☒ Mon. ☒ Tue. ☒ Wed. ☒ Thu. ☒ Fri. ☐ Sat.

22. Date Of Injury 10:50AM

23. Date Notice Received

24. Date Stopped Work
 Time:

25. Date Pay Stopped

26. Date 45 Day Period Began

27. Date Returned To Work
 Time:

28. Was employee injured in performance of duty? ☒ Yes ☐ No (If "No," explain [264 Chars Max])

 left Chars

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes ☒ No (If "Yes," explain [264 Chars Max])

 left Chars

30. Was injury caused by third party?
☐ Yes ☒ No (If "No," go to item 32)
 The Third party is a:

31. Name and address of third party (Include city, state, and ZIP code)
 Last Name:
 First Name:
 Addr:
 City: State:
 Zip:

32. Name and address of physician first providing medical care (Include city, state, ZIP code)
 Last Name: First: Middle:
 Suffix:
 Addr:
 City: State: Zip:

33. First date medical care received

34. Do medical reports show employee is disabled for work? ☒ Yes ☐ No ☐ Unknown

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? ☒ Yes ☐ No (If "No," Explain)

 left Chars

36. Does the employing agency controvert continuation of pay?
☐ Yes ☒ No (If "Yes," state the reason in detail. [max 264 chars]) Chars left

37. Pay Rate When Employee Stopped Work
 \$

☐ The Agency is challenging the claim, additional info will follow under separate cover.

Appendix I – WCC CA-1 SMIS Screen

SMIS Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) (Unsecure Test Data)

Print CA-1 Form Employee Section Supervisor Section Witness Statement Help Exit

Compensation Coordinator Review

Claimant's Name: DARDEL, LARRY K Type of Claim: CA1

Claimant's Employment Status: Permanent Grade: WG 05 Step: 05

Agency name and address of reporting office

Name: Yosemite National Pa

Address: P.O. Box 700

City: Yosemite State: CA Zip: 95389

Federal Employee's Compensation District Office:

Cause of Injury (read only-as entered by employee)

LOST BALANCE AND FELL OFF LADDER.

Nature of Injury (read only-as entered by employee)

FELL AND TWISTED KNEE.

Occupation Code: W4749

Severity of Injury: 03 Disabling Injury (Temporary)

Type Code: 220 Fell on different level

Body Part Code: KS Knee, Single knee

Source Code: 0130 Ladder

Cause Code: Fall from ladder

Nature Code: TS Strain, multiple

Smallprint's Note: (read only-as entered by employee; not forwarded to OWCP)

Quick Reference for SMIS Accident Reporting – DOI Employees Module

Accessing SMIS Accident Reporting

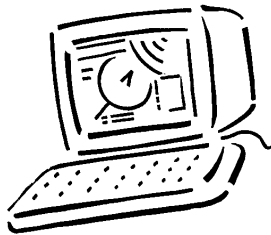
1. Open your browser and in the Address field, type **http://www.smis.doi.gov**.
2. Click **Accident Reporting**.
3. Click **DOI Employees**.

Logging In

1. From the main “Safety Management Information System” screen, click **DOI Employees**.
2. In the **Last Name** field, type your last name.
3. In the **SSN Last-4** field, type the last four digits of your social security number.
4. Press **Enter** or click **Employee Login**.
5. What you do next depends on whether you are initiating a new claim OR completing or reviewing an existing claim.

- If you are initiating a new claim, in the **Enter your Internet E-Mail Address** field, type your email address and click **Verify E-mail and Request a Claim ID**.

If an email address already displays in the **Enter your Internet E-Mail Address** field, verify that it is correct and click **Verify E-mail and Request a Claim ID**.

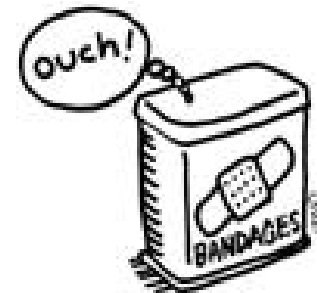


- If you are completing or reviewing an **existing claim**, type your claim ID in the **Enter your claim ID** field and click **Send Claim ID – Enter your Claim**.

Initiating an Injury Report (Claim)

Once you have your claim ID, you can file a CA-1 or CA-2 form online.

1. In the **Enter your Claim ID** field, type the claim ID that you received in an email.
2. Click **Send Claim ID - Enter your Claim** to proceed completing a CA-1 or CA-2 form.
3. In the **Home telephone** field, type your home telephone number.
4. Verify that the mailing address in the **Employee's home mailing address** (include city, state, and zip code) fields is correct. Change the information as required.
5. Identify all your dependents.
6. Select the type of report you are filing:
 - (CA-1)
Injury/Traumatic Injury
 - (CA-2)
Occupational
Disease/Illness
7. Click **Proceed to Description of your Injury/Illness**.



Printing a Completed CA-1 or CA-2 Form

1. Open the claim you want to print and click **Print CA-1 Form** or **Print CA-2 Form**, depending on the type of report you have completed. (You cannot change any information from this view.)
2. From the **File** menu, select **Print**. The form prints exactly as it appears on screen.

Viewing the Status of Your Claim

1. Open the claim you want to view.
2. Click **Claim Status** at the top of the screen to view the status of your claim. The “Status of Claim for Compensation filed by <Claimant Name>” screen is displayed.

Completing the CA-1 Form

In the Description of Injury section of the screen...

1. In the **Place Where Injury Occurred** field, type a detailed description of the location at which you injured yourself. Be specific.
2. In the **Date Injury Occurred**, type the date on which the accident occurred (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
3. In the **Time** fields, select the time at which the accident occurred.
4. In the **Employee's Occupation** field, type your job title. If a job title already appears in this field, you cannot change it.
5. In the **Cause of Injury** field, describe, in detail, how and why the accident occurred.
6. In the **Nature of Injury** field, describe your injuries.

In the Employee Certification section of the screen...

1. Determine how you wish to receive payment by selecting **Continuation of regular pay (COP)** or **Sick and/or Annual Leave**.
2. Check the **I have read and understand the above statement** box.
3. Click **Complete your Claim Submission** to file your claim.
4. Notify your supervisor that you have completed a CA-1 form:
 - In the **Enter Your Supervisor's Email Address** field, type his or her email address and click **Send Email to your Supervisor**.
 - If you do not know your supervisor's email address, type his or her name in the **Enter Your Supervisor's Name** field and click **Prepare Paper Notification**.

Completing the CA-2 Form

In the Claim Information section of the screen...

1. In the **Employee's Occupation** field, type your job title. If a job title already appears in this field, you cannot change it.
2. In the **Location (address)** where you worked when disease or illness occurred field, type the street address, city, state, and zip code of the location where you first became ill.

3. In the **Date you first became aware of disease or illness** field, type the date on which you first noticed you were ill (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
4. In the **Date you first realized the disease or illness was caused or aggravated by your employment** field, type the date on which you first realized you were ill because of your job with the U.S. government (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
5. In the **Explain the relationship to your employment and why you came to this realization** field, describe why you believe your disease or illness is job-related.
6. In the **Nature of Disease or Illness** field, describe your disease or illness and how it has affected your body.
7. In the **If this notice and claim was not filed with the employing agency within 30 days after the date you realized the disease was related to your employment, explain the reason for the delay** field, describe why you delayed completing this form. If you are completing this form within 30 days of becoming ill, leave this field blank.
8. In the **If the required employee statement is not included in this report, explain the reason for the delay** field, describe why you might be delayed in getting your statement within 30 days of your claim being processed.
9. In the **If the required medical reports is not submitted with this report, explain the reason for the delay** field, describe why you might be delayed in getting this report within 30 days of your claim being processed.

In the Employee Certification section of the screen...

1. Check the **I have read and understand the above statement** box.
2. Click **Complete your Claim Submission** to file your claim.
3. Notify your supervisor that you have completed a CA-2 form:
 - In the **Enter Your Supervisor's Email Address** field, type his or her email address and click **Send Email to your Supervisor**.
 - If you do not know your supervisor's email address, type his or her name in the **Enter Your Supervisor's Name** field and click **Prepare Paper Notification**.

Quick Reference for SMIS Accident Reporting – Supervisors Module

Accessing SMIS Accident Reporting

1. Open your browser and in the Address field, type <http://www.smis.doi.gov>.
2. Click **Accident Reporting**.
3. Click **Supervisors**.

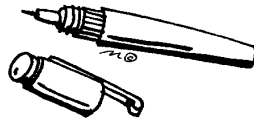
Logging In

1. From the main “Safety Management Information System” screen, click **Supervisors**.
2. In the **Last Name** field, type your last name.
3. In the **SSN Last-4** field, type the last four digits of your social security number.
4. Press **Enter** or click **Employee Login**.
5. In the **Please verify/enter your Internet E-Mail Address below** field, type or verify your email address and click **Submit your E-mail Address**.

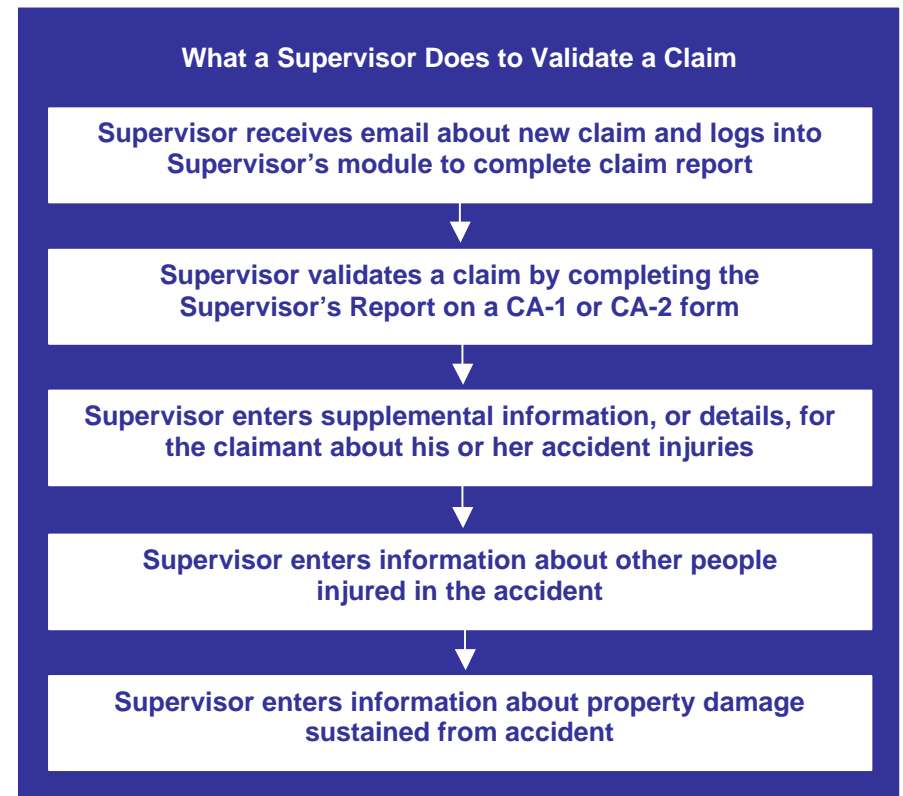
Overview of Validating a Claim

As a claimant’s supervisor, you must complete several tasks to validate a claim:

1. **Complete a supervisor’s report** – The Supervisor’s Report is acknowledgement by an injured employee’s supervisor that the employee was indeed injured on the job.
2. **Print and sign the CA-1 or CA-2 form** – Depending on your organization’s procedures, you might need to print, sign, and date all completed CA-1 and CA-2 forms. Copies should be kept by the injured claimant, the claimant’s supervisor, and your HR compensation coordinator(s).
3. **Enter supplemental information** – Supplemental information is required and helps clarify the injuries that a claimant received in an accident.
4. **Report injuries of other persons** – If other people were injured as a result of the accident that triggered the initial claim, you must enter information about those people and their injuries. This ensures that the accident report includes information about all parties that were injured from a single accident.



5. **Report property damage** – You must report property damage that was sustained in an accident. Entering this information ensures that the accident report includes details about damaged property.



Validating a CA-1 or CA-2

Validating a CA-1

Though there are several fields that you can complete, at a minimum, you must:

1. Complete the **18. Employee's duty station** fields.
2. Check the **I have read and understand the above statement** checkbox.
3. In the **Supervisor Title** field, type your job title.
4. In the **Office Phone** field, type your work telephone number.
5. Print, sign, and date the claim form.

Validating a CA-2

Though there are several fields that you can complete, at a minimum, you must:

1. Complete the **20. Employee's duty station** fields.
2. In the **26. Date Employee First Reported Condition to Supervisor** field, type the date (mm/dd/yy OR mm/dd/yyyy) on which you were first notified by the claimant about his or her illness.
3. Check the **I have read and understand the above statement** checkbox.
4. In the **Supervisor Title** field, type your job title.
5. In the **Office Phone** field, type your work telephone number.
6. Print, sign, and date the claim form.

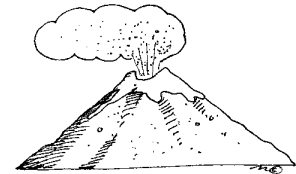
Printing a Completed CA-1 or CA2 Form

1. Log in to the Supervisors module.
2. In the **Enter Employee's Claim Identifier** field, type the claim ID of the claim you want to print and click **Submit Employee's Claim ID**. The claim is displayed on the following screen.
3. Click **Print CA-1 Form** or **Print CA-2 Form** at the top of the screen, depending on the type of report you want to print. The report is displayed automatically. You cannot change any information from this view.
4. From the **File** menu, select **Print**. The form prints as it appears on screen.

Reporting Only Property Damage

1. Log in to the Supervisors module.
2. Click **Enter a NEW Report for a NEW Incident** in the Enter a New Accident Report box to report an accident involving property damage or injury to an individual who is not filing a claim for compensation.
3. Select the option that best describes the type of accident and click **Continue Entering Report**.
4. In the **Incident ID** fields, enter the date and time which the accident took place, as well as the zip code for the location.
5. In the **Place of Incident** field, type a detailed description of where the accident took place. Include street address, city, park, state, and other information that help describe the location.
6. In the **Result** field, select the option that describes the accident's outcome. For example, only property damage or property damage and injuries.
7. In the **Incident Narrative** field, type a description of what happened.

8. In the **Correct Actions** field, type a description of what the parties involved can do to prevent such an accident from happening again.
9. In the **Unsafe Act** drop-down list, select up to two options that best describe the unsafe acts that took place that led to the accident.
10. In the **Unsafe Condition** drop-down list, select up to two options that best describe condition that led to the accident.
11. In the **Management Casual Factor** drop-down list, select the factor that best describes how management had anything to do with the accident.
12. Click **Send this Info**.
13. From the **Type of Property** drop-down list, select the option that best describes the property that was damaged.
14. In the **Description** field, type a description about the damaged property. Include information such as make, name, model number, size, type, color, and license number.
15. From the **Property Owner** drop-down list, select the option that best describes who owns the damaged property.
16. From the **Cause of Damage** drop-down list, select the option that best describes what precipitated the event that caused the property damage. For example, an automobile skids on ice and strikes a curb, damaging the axle. The cause of this damage is probably the icy road surface, assuming driver negligence was not an issue.



17. From the **Source of Damage** drop-down list, select the option that best describes the thing that inflicted physical injury. For example, someone is walking, slips on a wet floor, and drops a computer monitor on the floor. The source of the damage is the wet floor on which the monitor fell.
18. In the **Estimated dollar value of this damage** field, type the cost of repairing the damage. A dollar sign (\$) is not required in this field. Round the cost to the nearest dollar.
19. In the **If this damage involves a motor vehicle, were seatbelts worn?** field, select Yes if the involved parties were wearing seatbelts, select No if the involved parties were not wearing seatbelts.
20. Click **Send this Info**.
21. Select the category that best represents the person responsible for the damaged property and click **Continue to Next Page**.
22. Enter the requested information about the responsible party to complete the Property Damage report.

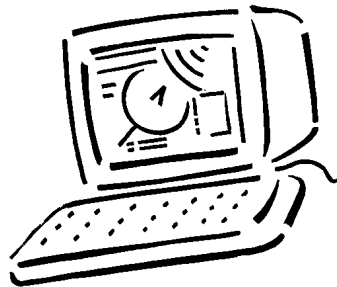
Quick Reference for SMIS Accident Reporting – Comp Specialists Module

Accessing SMIS Accident Reporting

1. Open your browser and in the Address field, type <http://www.smis.doi.gov>.
2. Click **Accident Reporting**.
3. Click **Comp Specialists**.

Logging into the Comp Specialists Module

1. From the “Safety Management Information System” screen, click **Comp Specialists**.
2. In the **User ID** field, type your user ID.
3. In the **Password** field, type your password and press **Enter** or click **Login to SMIS as Compensation Specialist**.
4. If you are logging into Comp Specialists for the first time, type your email address. Press **Enter** or click **Submit/Verify your E-mail Address to confirm your email address**.



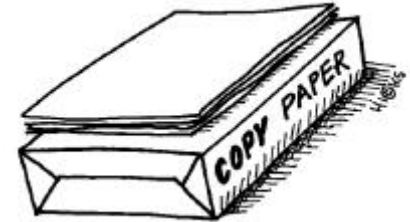
Accessing Pending Claims

There are two ways to access pending claims.

1. Click the hyperlink of the claim you want to review. The claim form is displayed.
- OR
1. If you know a user's claim ID, enter it in the **Enter the Claimant's Claim ID here:** field below the list of displayed claims.
 2. Click **View this Claim**. The claim form is displayed.

Printing a Claim Form

1. Access the claim you want to print.
2. Click the **Print Comp Form** option at the top of the screen to view the CA-1 or CA-2 form.
3. From the **File** menu, select **Print** to print the form.
4. Have the claimant and the claimant's supervisor sign and date the printed form and return it to you. A copy of the form should be retained on file by the claimant filing the claim, the claimant's supervisor, and you, the compensation coordinator.



Viewing the Employee Section of Accident Reports

1. Access the claim for which you want to view the Employee section.
2. Click the **Employee Section** button at the top of the screen.
3. Click **Exit Employee Section** when you are done reviewing the claimant's accident report.


Viewing and Modifying the Supervisor Section of Accident Reports

1. If you do not want to process a compensation claim, place a checkbox in the **The Agency is challenging the claim, additional info will follow under separate cover** field.
2. In the **Local Case Notes: (Enter any information you would like to convey to the compensation specialist*)** field, review any notes about the accident that the supervisor entered for you to read.
3. Do one of the following:
 - Click **Submit Supervisor Report Changes** when you are done reviewing and/or making changes to the supervisor's section.
 - Click **Exit Supervisor Section** if you did not make any changes.

Updating and Reviewing a Compensation Claim

1. Access the claim you want to update, review, and process.
2. From the **Federal Employee's Compensation District Office** drop-down list, select the district in which the injured claimant's office is assigned.
3. From the **OWCP Chargeback Code** drop-down list, select the code that represents the claimant's agency site responsible for paying the worker's compensation claim.
4. From the **Two Alpha Character Locator** drop-down list, select the locator code that represents the location in which the claimant works.
5. From the **Severity of Injury** drop-down list, select the option that best describes the type of medical treatment required because of the claimant's injury.
6. From the **Type Code** drop-down list, select the option that best describes how the claimant was injured.
7. From the **Body Part Code** drop-down list, select the option that best describes the part of the body that the claimant injured.
8. From the **Source Code** drop-down list, select the option that best describes the item or environment that caused the claimant's injury.
9. From the **Cause Code** drop-down list, select the option that best describes what instigated the claimant's accident.
10. From the **Nature Code** drop-down list, select the option that best describes the nature or severity of the claimant's injury.
11. Review comments from the claimant in the **Relationship of Condition to Work (read only-as entered by employee)** and **Nature of Injury (read only-as entered by employee)** fields.
12. Review any comments from the supervisor in the **Supervisor's Notes (read only-as entered by supervisor; not forwarded to OWCP)** field. Notes in this field are not forwarded to OWCP, but remain as part of the completed claim form.
13. In the **Compensation Specialist Notes (not forwarded to OWCO)** field, type any comments you want to add regarding the claim. These notes are not forwarded on to OWCP, but remain as part of the completed claim form.

14. If you are processing a CA-1 claim, in field **39. Filing Instructions**, select how you want to file the claim.
15. Place a check in the appropriate **Completed review by Compensation Specialist** checkboxes to complete the review of and process the pending claim. You can select **Hold Briefly Pending Data Clarification** or **Send this claim to OWCP**.
16. Click **Send this information to SMIS**. Within 48 hours of processing a claim, OWCP will email you and the claimant an OWCP claim number.
17. Click **Print the Claim for Compensation** to print the claim form. Remember that you must have the claimant and claimant's supervisor sign the compensation claim form.

 <i>Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) (Unsecure Test Data)</i>	
Print CA-1 Form	Employee Section
Supervisor Section	Witness Statement
Help	Exit
Compensation Specialist Review	
Claimant's Name: BATTLE, DEMO Q Claimant's Employment Status: Permanent Agency name and address of reporting office: Name: DOI Addr: 755 Parfet Street City: Lakewood State: CO Zip: 80225 Federal Employee's Compensation District Office: Cause of Injury (read only-as entered by employee) Cut/laceration of left thumb. Drill slipped. Nature of Injury (read only-as entered by employee) cut/laceration of top of left thumb.	Type of Claim: CA1 Grade: GS Step: 01 OWCP Chargeback Code: Two Alpha Character Locator: Occupation Code: G0326 Severity of Injury: Type Code: Body Part Code: Source Code: Cause Code: Nature Code:
Supervisor's Notes (read only-as entered by supervisor; not forwarded to OWCP)	
Compensation Specialist Notes (not forwarded to OWCP)	
Send E-Mail: To Employee: To Supervisor:	
Filing Instructions <input type="radio"/> No lost time and no medical expense: Print and then place this form in employee's medical folder (SF 66-D) <input checked="" type="radio"/> No lost time, medical expense incurred or expected: Forward this form to OWCP <input type="radio"/> Lost time covered by leave, LWOP, or COP: forward this form to OWCP <input type="radio"/> First Aid Injury	
Completed review by Compensation Specialist <input type="checkbox"/> Hold 24 Hours Pending Data Clarification. <input type="checkbox"/> Send this claim to OWCP. <small>A printed copy (signed by both the employee and supervisor) will be retained on file.</small>	Action <input type="button" value="Send this information to SMIS >>"/>